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No 10

James P. Screven

admitted March 13. 1820

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N.E. Corner Market & 4th
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To the inflammation of the liver, the technical term Hepatitis has been applied by nosologists. It has been very properly divided into two species, the acute and the chronic.

In the following dissertation, I shall, in the first place, give a description of the two kinds of hepatitis, and lastly detail the approved mode of treating each.

Acute hepatitis comes on with chilliness, succeeded by pain in the right hypochondrium, extending up to the clavicle and shoulder of the same side most usually, though it sometimes shoots up to those parts on the left side. The pain is sometimes acute, but it is often dull, and is increased by pressure upon the part. The patient lies with difficulty, except on the side which is affected. The lungs, from their vicinity to the seat of the disease, are much oppressed; there is difficulty

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of respiration, and a dry, troublesome cough. Nausea and sickness attend, and there is sometimes a vomiting of bilious matter. The pulse is frequent, strong and hard. The skin is hot and dry. The tongue is generally covered with a white fur, but it is sometimes yellowish. The bowels are costive. There is want of appetite, and great thirst attends. The urine voided is high coloured, and small in quantity. When the disease has continued some days, the skin and eyes assume a yellow hue, but, as Cullen observes, this does not constantly occur.

The fever, which accompanies acute inflammation of the liver, does not exist in an equal degree in all cases.

Blood when drawn throws up the buffy coat, observed in all cases of inflammatory disease.

In chronic hepatitis, when its symptoms

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are well marked, there is an obtuse pain in the region of the liver, extending to the shoulder, with a sense of weight and of fulness. The liver is somewhat enlarged and hard, and there is sometimes a slight difficulty of breathing. With these symptoms, there is often a morbid complexion, the body is emaciated and appetite is lost. Costiveness attends, and symptoms of indigestion exist. The skin and eyes are tinged with yellow. The stools are clay-coloured, and the urine high-coloured, depositing a lateritious sediment.

When these symptoms appear, the existence of the disease is easily ascertained, but sometimes they are far from being so well marked. The patient may suffer very little pain, and make but little complaint, and yet the inflammation may run on to the suppurative stage and this is obser-

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ved to be the case on dissection. It is remarked by the writers on hot climates that this is very much the case in the East and West Indies, and that very often, the existence of the disease can only be ascertained by some secondary symptoms, such as a diarrhea, dry cough, and yellowness of the skin and eyes, with some tenderness of the right hypochondriac region on pressure.

We have thus very briefly attempted to give an outline of the symptoms of each of the species of hepatitis. To prescribe the precise limits of each, would be impossible, for they are both one and the same disease, and are convertible into each other. The Chronic species is generally the consequence of the acute neglected or badly treated, and differs from it merely in the degree of inflammatory action and some other circum-

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stances which have been already noticed. In the one case, we have always more or less perceptible symptoms of genuine inflammation, in the other, the symptoms are of less violence as to their inflammatory tendency, and are often so obscure that the existence of the disease is sometimes difficultly determined, and may even be not all recognized. Cullen thought it probable, "that acute hepatitis is always an affection of the external membrane of the liver, and that the parenchymatic is of the chronic kind."

A distinction has been made between the symptoms, that occur when the inflammation occupies the convex and when it is seated in the concave surface of the liver. It is said, that with the pain, there is a cough and difficulty of breathing, when its convex surface is affected,

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and that if it be the concave which is inflamed, there is sickness and vomiting, in consequence of the vicinity of the stomach to that part. Another distinction has been attempted to be made between the symptoms of superficial and those of the deep seated inflammation; the pain being in the former case acute, and in the latter obtuse. But these distinctions, I believe, to be equivocal; and even if they are founded in fact, they are useless, inasmuch as they do not at all influence our practice.

The usual terminations of hepatitis, are in resolution or suppuration. In warm climates it is particularly apt to terminate in the last mentioned way. Gangreene has been the result, though very rarely, of intensely acute inflammation of the liver. It sometimes ends

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in scirrhus. By the employment of the plan of treatment, of which we shall soon have occasion to speak, it may in general be resolved, and this happy termination we may be led to expect, when the inflammatory symptoms gradually subside, the pain abates, and there are other symptoms of returning health. On the other hand, the violent inflammatory symptoms continuing, the intense pain in the region of the liver, costiveness and the occurrence of frequent rigours, denote approaching suppuration. When an abscess has formed, its existence is ascertained by a diminution of pain, weight in the organ, increase of the evening paroxysm of fever, and the symptoms of hectic. Gangrene is indicated by continual hiccups, a sinking pulse and cold extremities.

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its seat to be in a very morbid state. The liver is found enlarged, and darker and harder than it is naturally. It is very commonly connected to the parts in its vicinity by the matter of adhesion, and its membranes more or less affected by inflammation. In its substance, are not unfrequently found abscesses containing large quantities of pus. A very unusual morbid appearance, is that in which it is in a state like a honeycomb.

The diseases with which Hepatitis is most liable to be confounded are Pneumonia and Gastritis. It is distinguished from pneumonia by the pain extending up to the shoulder, by the cough which accompanies it, being generally dry, and the breathing less difficult. The sallowness of the skin which is often attendant on hepatitis, when it does occur, will also assist us in

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our diagnosis. From Gastritis, it may be very readily distinguished, by there being less gastric distress, by the articles taken into the stomach being better retained, and by there being less prostration of strength and the pulse fuller and stronger.

In hepatitis, evacuations of different kinds sometimes prove critical. A hemorrhagy from the nose and hemorrhoidal vessels, a bilious diarrhea, sweating, and copious evacuations of urine depositing a quantity of sediment, have all given a solution to the disease, or at any rate have accompanied its resolution. It has also been known to go off, on the appearance of an Erysipelas on some external part.

Like most other diseases of the biliary organs, it is of most frequent occurrence in tropical climates, as those of the East and West Indies, and in those countries,

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The causes of Hepatitis are those of inflammation in general, as cold and external violence from falls and contusions. But besides these, are violent summer heats, violent exercise, passions of the mind, long continued intermittent and remittent fevers, solid concretions in the substance of the liver, and the immoderate consumption of spirituous liquors.

According to the plan of treating Acute Hepatitis now very generally adopted, blood-letting is the remedy which is used before all others. The high inflammatory action, the immense size of the organ involved, the pain which attends, the oppressed respiration, in fine every symptom of the disease calls loudly for the use of the lancet. We have stated, in our history of the disease, that it has the greatest tendency to impos-

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thumation and is rapid in its progress towards it; now to prevent its occurrence, we should endeavour, by the early and copious detraction of blood, to discuss the inflammation, and this object is to be had in view throughout the treatment. It would be more than idle at this day, to attempt to prove, that bloodletting cannot be dispensed with. Its efficacy is admitted on all hands. Experience is in its favour, and there can be no higher authority for its adoption. Blood should, in the first instance, be copiously drawn; but the quantity must, as in all cases of disease, very much depend on the constitution of our patient and the existing symptoms. I know of no disease in which bloodletting may be carried to a greater extent, in which it is more warrantable, or in which it will be attended with

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more decided efficacy. A repetition of the operation will in general be demanded; nor should we with-hold it, whenever the symptoms call for it. The rule is, to bleed so long as "the pulse remains full and strong, and the pain in the side pungent." Bleeding from a large orifice, is a very important circumstance to be attended to, and should not be neglected.

After general bleeding, topical depletion by cups and leeches may be resorted to advantageously. They are to be applied immediately over the region of the liver.

In aid of venesection, purging should be called in requisition. It cannot well be dispensed with. Besides the importance of opening the bowels, which are generally in a costive state, there is another point of view in which cathartics are calculated

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to do good. By their well known power over the circulation, they diminish its force, and obviate congestion, the attainment of both of which objects is very desirable in the disease under consideration. The Cathartick, which is best entitled to our selection, is Calomel. Its reputation in the cure of hepatic diseases is very great, nor is its efficacy in this particular one less acknowledged. To quicken its action, some one of the more powerful cathartics may be added, as Jalap or Rhubarb. The neutral salts are also very excellent purges, and may be given after we have sufficiently depleted the bowels with the cathartic above recommended, to keep them in a soluble state.

Having, by these means, sufficiently reduced febrile action, a blister should be applied over the region of the liver,

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of a large size. If the effect we desire is not produced by its first application, it should be repeated.

When the force of the disease is subdued by the directly depletive measures recommended, as in other inflammatory complaints, we may excite a diaphoresis by means of the milder measures. For this purpose, nothing is better calculated, than a combination of the tartrite of antimony and the nitrate of potash.

The treatment of acute hepatitis, must be antiphlogistic from the beginning to the end of it, and should be rigidly enforced.

On this plan is it to be combatted. But cases occur, in which all of our measures prove unsuccessful. Under such circumstances we are justified in resorting to Mercury. Practitioners in the East and

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West Indies depend in a great measure on it alone, using it on the first attack, without premising any other remedy. But such practice does not answer in this country. It is here attended with so much inflammatory action, that depleting remedies are absolutely necessary, and by this treatment we are often rewarded with success, but whenever it proves refractory to these measures, we put the system under the action of Mercury. The utility of this practice is now, I believe, generally recognized among us.

As we before observed, our disease rapidly tends toward suppuration, and all of our remedies are calculated to prevent its occurrence. When an abscess has formed, its contents may be discharged externally, or into the stomach, or the bowels, through the diaphragm into the thorax, or into the

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cavity of the abdomen. When it opens into the stomach or bowels, matter is voided either by vomiting or by stool. When into the thorax, it is sometimes coughed up. If into the cavity of the abdomen, it proves quickly fatal. The most favorable outlet for the pus, is that where it is discharged externally, in consequence of the formation of adhesions between that part of the peritoneum covering the liver and that which lines the parietes of the abdomen. Now the obvious indication is to promote its discharge outwardly, and to answer it, emollient poultices should be applied. When the tumour points, and there is evidence, from its fluctuation, of the existence of matter, it should be early opened by incision and its contents discharged. Where, however, it does not point, and there are symptoms denoting the formation of pus, we are fully justified by

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experience in making an opening into the abscess and evacuating it.

The only approved plan of treating Chronic Hepatitis consists in a thorough mercurial course. As our learned professor, Dr. Chapman, very justly observes, "All other remedies and modes of treatment in confirmed hepatitis, are only feeble temporizings, or dangerous tamperings." The efficacy of the practice is very generally recognized; but all writers are not agreed, as to the extent, to which it should be carried. Dr. McGregor advises that it be urged so far as to produce a copious salivation; while on the contrary Clark contends that a profuse ptyalism is unnecessary, and should be avoided. On this point, I believe, that the medical mind is pretty well made up in favour of the gradual introduction of mercury

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into the system, and of keeping up a gentle ptyalism, till every symptom of the disease has disappeared.

During a course of mercury, the lancet will sometimes be called for, nor should its use be withheld; but it will not be necessary to detract blood so copiously, as in the acute form. Topical bleeding may also be recurred to advantageously.

A perpetual blister may be worn over the region of the liver, and is perhaps the best local remedy. An issue or a seton may be substituted for it. In defence of a seton, Dr Caldwell observes, that when all other remedies had failed of a perfect cure, he has known chronic hepatitis completely removed, by its long continued action.

Cases sometimes arise, in which the mercury proves unsuccessful, or in which

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it is forbidden by the excessive debility of the patient. Under such circumstances, the nitric acid has of late been advantageously employed, and should certainly be resorted to. But more recently, the nitro-muriatic acid has been very highly extolled, as a substitute for mercury. Dr. Scott, the author of the practice, employs it in a diluted form as a bath, but says that the same effects are produced by sponging the body with it*. The acid which he employs, is composed of equal weights of the nitric and muriatic acids, and in its effects somewhat resembles mercury, producing ulceration of the gums, which does not extend deeper than the cuticle, and exciting the flow of saliva. It is thought to be more particularly applicable to the mixed cases of the disease, in which it partakes of both the acute and the chronic states of inflammation. In

* The strength of the bath is regulated by the degree of irritability of the patient's skin. It should be strong enough to prick the skin a little after exposure to it for 15 or 30 minutes.

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addition to Dr Scotts testimony in favour of it, he has adduced that of some of his friends. He attributes its efficacy to the chlorine in its composition, and supposes that the most powerful preparations of mercury do good in this disease, in consequence of the presence of the same principle.

The patient should be clad in flannel. Exposure to cold and moisture should be avoided by him, and this caution is particularly necessary, if he is under mercurial treatment. If febrile action is not considerable, he may take exercise in the open air, but for this pleasant weather should be chosen.

The same regimen should be observed in this as in all other inflammations. Where the inflammation is acute the diet should be very low. In chronic cases, it should

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always be of a light and digestible nature. Every kind of stimulating food should be religiously avoided. In all of the stages of hepatitis, an antiphlogistic regimen should be observed, and should be more particularly attended to, where the system is in a febrile state. Temperance should be enjoined in all things. The use of spirituous liquors is particularly to be reprobated. The best drink is water. All irregularities of living should be avoided, when there is any predisposition existing to Hepatitis. A change of climate is often attended with the happiest results, and a temperate one should always be chosen.

To prevent Hepatitis, all of the exciting causes of the disease should be avoided.

We have now concluded the consideration of our subject, but we must

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acknowledge, that much which was due to it, has been neglected, but this is attributable rather to the confined limits of an essay, than the want of a desire on our part to treat it fully and satisfactorily.